

For Them but Never Really Theirs: Finding a Place for the “Aged” Within State-Funded Institutions in Nineteenth-Century Nova Scotia

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Résumé de l'article

La présente étude révèle qu'entre 1867 et les années 1890, les importantes transformations des soins prodigués aux aînés dans les établissements publics de la Nouvelle-Écosse reflètent les intentions du gouvernement provincial d'éviter la responsabilité à long terme des personnes dans le besoin. Tout au long de la période, les fonctionnaires ont préconisé le placement en établissement comme moyen responsable sur le plan financier de pallier le nombre croissant de nécessiteux — malades, pauvres et aliénés mentaux confondus. En conséquence, les foyers publics pour personnes âgées ont fait boule de neige, pas tant à dessein, mais par défaut. Après la confédération, la persistance des *poor laws* et la faiblesse des pouvoirs locaux ont conduit les cantons à s'en remettre à la province pour le soutien aux pauvres. À la fin des années 1870, il était clair que l'ancien système d'aide sociale en Nouvelle-Écosse devait être réformé et qu'un système à deux niveaux serait préférable (avec des établissements municipaux et provinciaux pour les aliénés inoffensifs et les déshérités). La création d'un tel système à deux niveaux à la fin des années 1880 a permis à la province de mieux clarifier certains de ses services sociaux en offrant des services spécialisés à des clientèles précises : des hôpitaux pour traiter les malades et les aliénés, et des asiles pour recevoir les indigents (y compris les aînés), tant au niveau provincial que municipal. Dans les années 1890, de nombreux comtés sont passés à un modèle de soins institutionnels en place depuis longtemps au niveau provincial et se sont surtout concentrés sur la majorité des aliénés aptes au travail : les aliénés inoffensifs. De plus en plus, ils ont construit des établissements leur permettant de développer au maximum le travail des pensionnaires afin d'atténuer leurs coûts. Cependant, à mesure que les municipalités construisaient ou amélioraient des asiles pour aliénés inoffensifs, les inactifs tels que les aînés se voyaient relégués aux asiles délabrés. Au tournant du siècle, lorsque les aînés ont été reconnus comme étant un groupe distinct, ces établissements en mauvais état sont devenus les premiers foyers publics pour personnes âgées indigentes en Nouvelle-Écosse.

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CHERYL DESROCHES

Abstract

This paper reveals that between 1867 and the 1890s, care for the aged within state funded institutions in Nova Scotia underwent several important changes that reflected the intentions of the province to avoid long term responsibility for the needy. It argues that throughout this period government officials championed institutionalization as a fiscally responsible solution to the rising number of those in need, including the sick, poor and mentally insane; as a result, state funded homes for the aged developed by default rather than by design. Following confederation, the persistence of poor laws and weak local governments ensured the townships' continued reliance on the province for support of their needy. By the end of the 1870s, it became apparent that the old system of social welfare in Nova Scotia was in need of decisive change and a two-tier system — municipal and provincial institutions for the harmless insane and the less-fortunate — came to be seen as the solution. The creation of a two-tier system in the late 1880s afforded greater opportunities for the province to disentangle some of its social welfare services by offering specialized services to specific groups — hospitals for the sick and the insane and poorhouses for the indigent (including the aged) at both the provincial and municipal levels. In the 1890s, many counties utilized what had long been a provincial model for institutional care and focused primarily on the largest portion of the inmate populations that could work: the harmless insane. Increasingly, they built institutions that allowed them to maximize inmate labour to dissipate costs. However, as municipalities built or improved asylums for the harmless insane, non-workers such as the aged were left behind in dilapidated poor farms. By the turn of the century, as the aged were identified as a unique group, these run down facilities became the earliest state-funded nursing homes for the indigent aged in Nova Scotia.

Résumé

La présente étude révèle qu'entre 1867 et les années 1890, les importantes transformations des soins prodigués aux aînés dans les établissements publics de la Nouvelle-Écosse reflètent les intentions du gouvernement provincial d'éviter la responsabilité à long terme des personnes dans le besoin. Tout au long de la période, les fonctionnaires ont préconisé le placement en établissement comme moyen responsable sur le plan financier de pallier le nombre croissant de nécessiteux — malades, pauvres et aliénés mentaux confondus. En conséquence, les foyers publics pour personnes âgées ont fait boule de neige, pas tant à dessein, mais par défaut. Après la confédération, la persistance des poor laws et la faiblesse des pouvoirs locaux ont conduit les cantons à s'en remettre à la province pour le soutien aux pauvres. À la fin des années 1870, il était clair que l'ancien système d'aide sociale en Nouvelle-Écosse devait être réformé et qu'un système à deux niveaux serait préférable (avec des établissements municipaux et provinciaux pour les aliénés inoffensifs et les déshérités). La création d'un tel système à deux niveaux à la fin des années 1880 a permis à la province de mieux clarifier certains de ses services sociaux en offrant des services spécialisés à des clientèles précises : des hôpitaux pour traiter les malades et les aliénés, et des asiles pour recevoir les indigents (y compris les aînés), tant au niveau provincial que municipal. Dans les années 1890, de nombreux comtés sont passés à un modèle de soins institutionnels en place depuis longtemps au niveau provincial et se sont surtout concentrés sur la majorité des aliénés aptes au travail : les aliénés inoffensifs. De plus en plus, ils ont construit des établissements leur permettant de développer au maximum le travail des pensionnaires afin d'atténuer leurs coûts. Cependant, à mesure que les municipalités construisaient ou amélioraient des asiles pour aliénés inoffensifs, les inactifs tels que les aînés se voyaient relégués aux asiles délabrés. Au tournant du siècle, lorsque les aînés ont été reconnus comme étant un groupe distinct, ces établissements en mauvais état sont devenus les premiers foyers publics pour personnes âgées indigentes en Nouvelle-Écosse.

In the fall of 1980, LaHave Manor was built to care for older inmates of the Lunenburg Poor House. The new nursing home more appropriately suited the needs of the inmate population — the aged who could no longer work. The establishment of LaHave Manor, like many other nursing homes in Nova Scotia, marked a shift from poor farms to homes for the aged that took place by the twentieth century.¹ The process represented a protracted period in the history of social welfare in that province during which nineteenth-century attitudes towards the aged were quite different than today. Throughout this

1 Senior Scribes of Nova Scotia, *Poverty Poorhouses and Private Philanthropy*, ed. Susan Lucy (Halifax: Communications Nova Scotia, 1996), 137–41.

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period there was a constant question of how to, and indeed whether to, provide assistance to those without any other form of support, who could no longer fend for themselves. Concentrating on the period 1860 through to the twentieth century, this paper maintains that state funded nursing homes were a by-product of government initiatives targeting those inmates who could work which eventually led to the recognition of groups, such as the aged, who could not. It is primarily a view from the top, focusing on the policies, attitudes, and actions of the colonial and later provincial governments and their agents that led to the emergence of state funded homes for the indigent aged.

Throughout the nineteenth century a growing number of old and destitute Nova Scotians found themselves in a difficult position. The fortunate ones had family or ties to the community to rely on; and if not, the law (based on traditional poor laws introduced when the colony was created) dictated that they could turn to township authorities or the colony for assistance.² An examination of official records and reports reveal reluctance and in some cases a resistance on the part of the state to meet these responsibilities.³ By the early nineteenth century, as the colony matured, the population was also increasingly mobile and local communities were concerned about the numbers of strangers in their midst giving rise to derogatory attitudes towards the poor. Who was or was not worthy of assistance reflected new assumptions by British Americans that they could reform both their societies and individuals. The most appropriate way to do this, many believed, was through the institution. However, townships, lacking the funds to provide for their indigent, increasingly sent them to Halifax creating an almost constant state of over-crowdedness in the Halifax Poor Asylum that housed an indiscriminate variety of individuals — the sick, the insane, and the old who had nowhere else to go.⁴

2 Nova Scotia was established in 1749 and colonial authorities were informed by an eighteenth-century notion of assistance wherein indigence and misfortune were accepted conditions of society. As such, Nova Scotia's social welfare system had two quite distinct aspects: "traditional" poor laws (with townships being responsible for local residents, including the aged), and the colonial and provincial governments assuming responsibility for immigrants and transients in need.

3 Increasingly, churches and local charities run by middle-class women, provided food and shelter to local indigent elderly residents. For more on this refer, see Jane Aronson, "Family Care of the Elderly: Underlying Assumptions and Their Consequences," *Canadian Journal on Aging* 4, no. 3 (Autumn 1985): 115–25; Alan Walker, "The Relationship Between the Family and the State in the Care of Older People," *Canadian Journal on Aging* 10, no. 2 (Summer 1991): 94–112.

4 Only Halifax received a charter, "under which it could govern certain of its own affairs." Stan Fitzner, *The Development of Social Welfare in Nova Scotia: A History* (Halifax: Department of Public Welfare, 1967), 34–5. For more on the distribution of powers, see *The Constitution Act, 1867, Exclusive Powers of Provincial Legislatures*, 92.1–16. For specific mention of hospitals, asylums, etc., see Act 92.7. The Poor Asylum in Halifax is referred to in several ways in the historiography and government records. The poor house, called the Halifax City Home, eventually served as a poor house and asylum according to the Senior Scribes, 23. In the official

As the state became involved, it sought to rationalize institutions, arguing that Halifax's prison and Poor Asylum needed to be cost efficient by utilizing inmate labour to off-set costs. The new emphasis on inmate labour by default singled out groups, such as the aged, who were physically unable to work. Further, as the growing number of those in need continued to overwhelm the Halifax Poor Asylum, colonial officials focused on the harmless insane rather than the poor, bringing the question of what to do with the poor and sick together as a single issue.

By the 1880s, the old system of social welfare in Nova Scotia was in need of decisive change and a two-tier system — municipal and provincial institutions for the harmless insane and the less-fortunate in Nova Scotia came to be seen as a necessary solution. A two-tier system afforded a greater opportunity for the province to disentangle some of its social welfare services by offering specialized services to specific groups — hospitals for the sick or insane and poor houses for the indigent at both provincial and municipal levels. Under a process of specialization, at the provincial and municipal levels, older inmates were marginalized as they were gradually identified as a unique group that was not only physically incapable of working but could never be cured or expected to return to the working community. Increasingly, the aged within state funded institutions were funnelled from provincial hospitals into the cheapest form of institutional care — municipal poor farms. Badly neglected, at the turn of the century, these run-down facilities became the earliest nursing homes for the aged in Nova Scotia.

There is considerable debate about how and why various institutions gained in popularity in the late eighteenth and throughout the nineteenth century. Many posit that institutions were a means to reform both the individual and society.⁵ In *Social Welfare: A History of the American Response to Need*,

government documents it is referred to as the Halifax Poors' Asylum and by the late 19th century the Halifax City Poor House and Asylum. For the purpose of this study the Halifax City Home will be referred to as the Halifax Poor Asylum.

- 5 A number of works deal with the rise of institutions within the context of the rise of the state and several of these helped to inform this paper. Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Vintage Books, 1979); David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Toronto: Little, Brown and Company, 1971); Peter Mandler, "Poverty and Charity in the Nineteenth-Century Metropolis: An Introduction," in *The Use of Charity: The Poor on Relief in the Nineteenth-Century Metropolis*, ed. Peter Mandler (Philadelphia: University of Pennsylvania Press, 1990); Elizabeth Wallace, "The Origin of the Social Welfare State in Canada, 1867–1900," in *Social Welfare Policies in Canada: Historical Readings*, eds. Raymond Blake and Jeff Keshen (Toronto: Copp Clark Ltd., 1995), 12–22; Allan Greer and Allan and Ian Radforth, *Colonial Leviathan: State Formation in Mid-Nineteenth-Century Canada* (Toronto: University of Toronto Press, 1992); Bruce Curtis, *The Politics of Population: State Formation, Statistics, and the Census of Canada, 1840–1875* (Toronto: University of Toronto Press, 2001); Judith Fingard and Janet Guildford, eds. *Mothers of the Municipality: Women, Work, and Social Policy in Post-1945 Halifax* (Toronto: University of Toronto Press, 2009).

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June Axinn and Herman Levin argue that institutions such as poor houses were a way to control the potentially unruly poor.⁶ Although most studies examine the emergence of the asylum generally, a few in Great Britain and the United States considered those institutions that were primarily for the indigent aged. In his work, *The Last Refuge*, Peter Townsend proffers a look at the development of institutional care for the aged in England and Wales. He argues that under a process of specialization, little by little, older inmates were removed from hospitals and sent to workhouses. As the aged eventually represented about 45 percent of all inmates in workhouses, government agents began to recommend separate accommodations for them.⁷ Care for the aged in Nova Scotia in many ways resembles the developments of unique spaces for older inmates in England discussed by Townsend.

In *The Development of Social Welfare in Nova Scotia: A History*, Stan Fitzner notes that in Nova Scotia the colonial government established the workhouse and Poor Asylum in 1758 as a means of controlling a growing indigent population and insured inmates worked. Fitzner noted that the eighteenth century British attitude towards the poor continued to resonate well into the nineteenth century.⁸ In *Poverty, Poorhouses and Private Philanthropy*, the Senior Scribes agree, saying, "It was a basic tenet that the able-bodied poor should be put to work" in Nova Scotia.⁹ As this paper will show, by the end of

6 June Axinn and Herman Levin, *Social Welfare: A History of the American Response to Need* (New York: Dodd, Mead & Company, 1975), 2–9; M.A. Crowther, *The Workhouse System 1834–1929: The History of an English Social Institution* (Athens: University of Georgia Press, 1981).

7 Peter Townsend, *The Last Refuge: A Survey of Residential Institutions and Homes for the Aged in England and Wales* (London: Routledge & Kegan Paul, 1962), 22–3; Ethel McClure, *More Than a Roof: The Development of Minnesota Poor Farms and Homes for the Aged* (St. Paul: Minnesota Historical Society, 1968), 2–8; Carole Haber and Brian Gratton, *Old Age and the Search for Security: An American Social History* (Bloomington: Indiana University Press, 1994), 118.

8 Fitzner, 9 and 38.

9 Senior Scribes, 19. Judith Fingard provides an examination of the establishment of a variety of institutions for the criminal, sick, indigent, and insane throughout Nova Scotia. She notes that the work of benevolent societies was crucial in Nova Scotia, particularly because the state refused any but indoor relief. Judith Fingard, *The Dark Side of Life In Victorian Halifax* (Halifax: Pottersfield Press, 1989). As others have recognized, the role of institutional care in nineteenth-century British North America was directly influenced by class and gender. Much of the assistance given to the needy, which included the aged, was provided by private charities, many of them run by women. A number of these institutions were for the "respectable" poor. This paper concentrates on the aged within government subsidized institutions. While not looking specifically at the case of Nova Scotia, other studies that consider the development of institutions for the aged helped shape this study. For example, Sharon Cook, "'A Quiet Place to Die': Ottawa's First Protestant Old Age Homes for Women and Men," *Ontario Historical Society LXXXI*, no. 1 (March 1989): 25–40; Megan Davies, *Into the House of Old: A History of Residential Care in British Columbia* (Montréal and Kingston: McGill-Queen's

the nineteenth century, government policies intended to deal with those inmates who could work, unintentionally led to the recognition of “older” inmates who were unable to work and the eventual transition from municipal poor farms to government subsidized homes for the aged.

Responsibility for the less fortunate in Nova Scotia involved both township and colonial representatives. Since 1749, the state had been involved, supporting a hospital¹⁰ and the poor laws which made townships responsible for the needy in their area.¹¹ According to British poor laws, only those who had been a resident of the town for at least one full year had legal claims of settlement and were entitled to support. Nothing in this early legislation referred specifically to the aged. Rather, as historian David Rothman notes in the case of the United States, such “laws ensured vagabonds did not become a burden on the community ... in densely populated areas.”¹² Settlement laws in Nova Scotia reflected similar concerns, especially for areas with large populations such as Halifax. In keeping with these laws, communities and families were responsible for their kin and dereliction of one’s duty could result in severe consequences.¹³ However, according to Fitzner, during this formative period, there were few residents who were able to contribute towards the care and maintenance of those in need and with legal claims of settlement.¹⁴

Sometimes, overseers of the poor paid local residents “to take paupers into their houses and support them for a year,” or provided direct aid to those in

University Press, 2003); Cheryl DesRoches, “Everyone in Their Place: The Formation of Institutional Care for the Elderly in Ontario,” *Journal of the Canadian Historical Association/Revue de la Société historique de Canada* 15, no. 1 (2004): 49–70; Nancy Christie, “Strangers in the Family: Work, Gender, and the Origins of Old Age Homes,” *Journal of Family History* 32 (October 2007): 371–91.

10 Fitzner, 7.

11 Senior Scribes, 13–14. For an excellent in-depth account of the military nature of the colony, see Margaret Conrad and James Hiller, *Atlantic Canada: A Region in The Making* (Don Mills, Ont.: Oxford University Press, 2001); Julian Gwyn, *Excessive Expectations: Maritime Commerce and the Economic Development of Nova Scotia, 1740–1870* (Montréal and Kingston: McGill-Queen’s University Press), 15–42; Allan Marble, *Surgeons, Smallpox and the Poor: A History of Medicine and Social Conditions in Nova Scotia, 1749–1799* (Montréal and Kingston: McGill-Queen’s University Press, 1993). In 1758, the grand jury was authorized to appoint local officials, including overseers of the poor. With the arrival of the Planters, the “British Poor Laws ... [were] reproduced in Nova Scotia,” and as Fitzner notes, it was determined that “poor rates, based on real and personal estates, were to be levied and collected by officers appointed at township meetings.” Fitzner, 6–7. For more on this, see David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Toronto: Little, Brown and Company, 1971), 4–6.

12 Rothman, *The Discovery of the Asylum*, 4–6.

13 Fitzner, 5–8. See also Axinn and Levin, 2–9.

14 Fitzner, 25.

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need.¹⁵ In other instances overseers opted to send those without family to the poor house in Halifax.¹⁶ The Halifax bridewell or workhouse which first opened in 1759, housed a range of individuals in need of assistance, and in 1763, three rooms were set aside specifically for the poor who were unable to work. Although the workhouse closed its doors in 1765, the poor house section remained open.¹⁷ The continuous existence of a poor house was in keeping with an eighteenth century mentality wherein indigence and need were understood as permanent fixtures of society, especially in large towns such as Halifax.¹⁸

For the most part the town (and eventually the city) of Halifax assumed responsibility for residents who fell on hard times. Halifax was also a port town and the colonial capital and colonial authorities were required to provide assistance to the growing number of transients and indigent migrants who arrived in the community, including those sent from other parts of the province whom townships could not afford to support. The Halifax Poor asylum housed a variety of needy folks, including those who were "old," and costs associated with the asylum were divided between the colonial government and the townships. Its construction was largely funded by the government; the House of Assembly also contributed varying amounts towards the care and maintenance of transients who entered the institution. The colonial government was unwilling to assume any long-term financial responsibility for this group, however, and throughout the first half of the nineteenth century, social welfare initiatives were fragmented.¹⁹ In poorest districts, the overseers were permitted to provide

15 Senior Scribes, 17. For records relating to support of the poor, see also Nova Scotia Archives and Records Management (hereafter NSARM), MG4, vol. 150A, 770, Truro Township Book, 25 December 1794; 4 April 1796; and 22 October 1772. A number of voluntary organizations were also established: The North British Society (1768); St. George's Society Organization (1786); The Charitable Irish Society (1786), see *Rules and Constitutions of the Charitable Irish Society Established at Halifax in the Province of Nova Scotia 1786* (Halifax: Printed by Richard Negent, 1854); and The Halifax Poor Man's Friend Society (1820), see *The Report of the Halifax Poor Man's Friend Society, 1820* (Halifax: Edmund Ward, 1820). Senior Scribes, 36–9.

16 Townships were expected to reimburse the colonial government for needy individuals who were legally chargeable to them and Halifax was expected to pay for those unfortunates having legal settlement in that town. Fitzner, 7–8.

17 Ibid., 9–11.

18 Fitzner notes that in 1750 a hospital was built to care for sick soldiers. After 17 years of service the "Council recommended that the hospital be used as an almshouse despite the fact that the poorhouse was still in existence." Within this same time period an Orphan Home had opened and closed its doors and the children were sent to the poorhouse. Fitzner notes that "the original well-planned program of specialized institutions had shriveled to the point where two houses cared for the old, the sick and the mentally disturbed." Fitzner, 13–15.

19 For more on this, see Janet Guildford, "The End of the Poor Law: Public Welfare Reform in Nova Scotia before the Canada Assistance Plan," in *Mothers of the Municipality*, eds. Fingard and Guildford, 52–3.

either indoor or out-door relief; in the city of Halifax, local bylaws forbade the provision of outdoor relief. The only option for the poor and those unable to work who lived in the capital, was jail or the poor asylum. "While the township became the political unit for dealing with the poor of the colony, the great proportion of the poor lived in Halifax, and Halifax just did not have the money to look after them."²⁰

From the beginning, the aged, or those who were unable to work, were caught in a dilemma. Increasingly, institutions that relied on inmate labour to defray costs were seen as practical solutions associated with care of the needy; this was also reflective of a broader social trend. Judith Fingard asserts "that the failure of colonial society to deal with pre-industrial poverty in any significant way, particularly in terms of providing employment," led to the "social amelioration through moral rather than economic reform." She added, "the public remained anxious that the poor should not endanger the social order of the towns." Mendicancy, Fingard argued, could not be tolerated.²¹ Fingard posits that in the first half of the nineteenth century, institutions such as workhouses reflected a new social understanding of how to deal with the needy. "Community attitude towards the less fortunate," she maintains, "correlated with emerging notions of progress wherein reform and improvement went hand in hand." Many in society soon began to suggest that not only should the less fortunate receive aid, they also "should be made to contribute towards the improvement of the community."²² Fitzner notes that by 1811, in Halifax, a Anew workhouse, constructed largely by government financing, was to have accommodation for several hundred.²³ The workhouse he argues provided a method for dealing with the poor.²³

The problem of course, was that such developments made no accommodation for those, like poor older residents, who could not work. In Nova Scotia, within state funded institutions an inmate's actual age was not necessarily a criterion for being considered "old"; rather it was eventually based on whether they could be expected to work.²⁴ Nonetheless, by the 1830s, the aged repre-

20 Fitzner, 20. See also Senior Scribes, 114–15.

21 Judith Fingard, "Urban Poverty in Colonial British North America," in *Interpreting Canada's Past: Pre-Confederation*, ed. J.M. Bumstead, vol. 1, 2nd ed. (Toronto: Oxford University Press, 1993), 437 and 442.

22 Judith Fingard, "The Poor in Winter: Seasonality and Society in Pre-Industrial Canada," in *Readings in Canadian Social History*, eds. Michael S. Cross and Gregory S. Kealey, vol. 2 (Toronto: McClelland and Stewart Limited, 1984), 72.

23 Fitzner, 20.

24 Historian Daniel Smith asserts that in the United States the concept of old age changed over time, noting that the same negative connotations associated with old age in more contemporary periods did not necessarily exist in the early nineteenth century. Daniel Smith, "A Community-Based Sample of the Older Population from the 1880 and 1900 United States Manuscript Census," in *Historical Method* 11, no. 2 (Spring 1978): 67.

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sented a significant portion of the inmate population of the Halifax Poor Asylum and this came to pose a problem for an institution that was in part dependent on inmate labour for its subsistence.²⁵ In 1831, the commissioner of the asylum reported after visiting the facility that due to, "the age, infirmity or weakness, of the majority of them, the extent of work done there is but limited." Not only did this create a financial problem for the institution, but authorities believed that employment was a way of helping individuals to realize their own potential and become productive members of society. However, such a philosophy proved problematic given the advanced ages and physical state of the inmates. Yet, Halifax authorities were nonetheless obligated to help older inmates who needed assistance and with each passing year, a greater emphasis on an individual's ability to work served to identify the aged as being among the group that could not.²⁶

As costs associated with the Halifax Poor asylum increased local authorities in the capital encouraged township and colonial officials to assume responsibility for the less-fortunate rightly chargeable to them. In a report to the lieutenant-governor in 1831, the commissioner for the poor in Halifax noted that due to a marked increase in the inmate population of the Poor Asylum the institution was in debt.²⁷ He recommended that greater efforts be made by officials for the Halifax Poor Asylum to ensure that, "other Townships, and the Province," were properly charged for their share of the expenses to ensure "an equitable plan of contribution will be introduced, and the present difficulties" associated with rising costs would be removed.²⁸

This situation was exacerbated in the next decade when, as historian T.W. Acheson notes, the Atlantic region suffered an economic depression at a time when the overall number of migrants who arrived in Nova Scotia, desperate and in need of assistance, continued to increase.²⁹ Again and again the commissioner for the Halifax Poor Asylum looked to township and colonial officials to pay for the ever growing numbers of transients rightly chargeable to them. But the townships and the colonial government were unwilling and unable to pay the city of Halifax for their share of the increasing costs associated with the Halifax Poores Asylum. Most townships did not have the authority to raise funds to aid their poor.³⁰

25 Mark Novak and Lori Campbell, *Aging & Society: A Canadian Perspective* (Toronto: Nelson Thomson Learning, 2001), 34–7.

26 *Journals of the House of Assembly of Nova Scotia* (hereafter JHANS), 1831, appendix 29.

27 Ibid.

28 JHANS, Report of the Commissioner of the Poor of Halifax, 1831), no. 29, 20.

29 T.W. Acheson, "The 1840s: Decade of Tribulation," in *The Atlantic Region to Confederation: A History*, eds. Phillip A. Buckner and John G. Reid (Toronto: University of Toronto Press, 1994), 307–15.

30 As Stan Fitzner asserts, townships required a charter and although Halifax was granted a charter in 1841 and could govern "certain of its own affairs," the colonial government refused to extend such privileges to other regions. Fitzner, 33–4.

In an attempt to relieve overcrowding at the Halifax Poor Asylum, and in response to new assumptions about insanity, the colonial government began to categorize inmates, not just by their ability to work but also by health. In 1847, the colonial government began to investigate institutional care for the insane in Europe and the United States.³¹ Historian Graeme Wynn posits that such institutions “reflected the growing embrace of the asylum for treatment and correction.”³² In 1858, Mount Hope Hospital for the Insane opened in Dartmouth. This hospital for the insane stood as a monument to modernity. It and other colonial institutions symbolized progress within a larger project of state building.³³ By mid-century the colonial government and private charity were also increasingly involved in areas that had been the traditional responsibility of the townships.³⁴

As the number of needy at various institutions increased throughout the nineteenth century, so too did tensions over the price of care between the two

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- 31 JHANS, Report by the Commissioners of the Poor for the Halifax Asylum for the Poor, 1847, appendix 11, 37–8. The hospital for the insane at Dartmouth was completed by 1858. For a detailed account of this institution, see JHANS, “Hospital for the Insane,” 1859. See entries for Thursday, 3 February 1859, 4–5 and 48–65 in the appendix for the hospital for the insane. For a more complete history of the operations of this institution during the twentieth century, see Judith Fingard and John Rutherford, “The Politics of Mental Health Care in Nova Scotia: The Case of the Halifax County Hospital, 1940–1976,” *Acadiensis* 35, no. 1 (Autumn 2005): 25–49; See also Daniel Francis, “The Development of the Lunatic Asylum in the Maritime Provinces,” *Acadiensis* 6 (Spring, 1977): 23–38; Jacques Bernier, “Disease, Medicine and Society in Canada: A Historical Overview,” *The Canadian Historical Association's Historical Booklet* 63 (Ottawa, 2003).
- 32 Graeme Wynn, “Ideology, Society, and State in the Maritime Colonies of British North America, 1840–1860,” in *Colonial Leviathan*, eds. Greer and Radforth, 298.
- 33 In addition to the hospital for the insane, the Provincial and City hospital situated in Halifax was built in May of 1859 (later renamed the Victoria General Hospital) Fitzner, 43. Nova Scotia also boasted a penitentiary built in the Northwest side of Halifax in 1845, a military prison on Melville Island (1856), Rockhead city prison by 1860, and a county jail, built in 1865. The magistrates sent prisoners to the poorhouse as well, according to Fingard, “if their physical or mental condition warranted it.” Fingard, *The Dark Side of Life*, 21. For more on institutions and reforms for the poor, see Fingard, “The Poor in Winter,” 72.
- 34 Annual Reports for the various institutions submitted first to the colonial government and later to the provincial government reflected growing state intrusions into township affairs. JHANS, The Report of the Commissioners of the Poor Asylum, (Halifax: John S. Thompson, Queen’s Printer, 1851), 78; JHANS, appendix 13 (Halifax: Printed by Richard Nugent, 1854–1855). In 1858, following the construction of the Mount Hope Hospital for the Insane, the newly appointed Medical Superintendent, Dr. DeWolf’s reports focused on the inmates, whereas the Committee on Humane Institutions provided brief accounts of the overall condition of inmates, and the Board of Public Works reported on costs associated with the building, maintenance, and of anything that included government funds. Each year various boards submitted their reports which often overlapped without actually duplicating information. The creation of the medical superintendent position in connection with the hospital for the insane is mentioned in JHANS, Hospital for Insane, appendix 6, 1861, 13.

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levels of government. Colonial representatives stressed that only those without any other means should be admitted to the hospital or the Poor Asylum.³⁵ Their reports echoed earlier sentiments that those unable to provide for themselves, many of whom were aged, were appropriate recipients of institutional care.³⁶ The colonial government was only responsible for transients at the Poor Asylum and thus had a vested interest in ensuring those able to work were prevented access from this establishment. However, according to the records for the Poor Asylum, between 1863 and 1865 the number of inmates who sought refuge at the institution rose sharply and overall, the greatest increase was among transients chargeable to the province.³⁷ The city looked to the colony to help meet its rising financial obligations.³⁸

At a time when unprecedented numbers of needy individuals overwhelmed the resources of local governments, including the city of Halifax, colonial officials continued to distance themselves from any long term commitment for the poor. In 1866, in much the same way that in 1858 the hospital for the insane had been the colonial government's solution to overcrowding in the Poor Asylum, the province argued in favour of building a new hospital attached to a new Poor Asylum and to be jointly operated under one board.³⁹ Under the proposed plan the province would gain more control over the new hospital and Poor Asylum without having to incur any of the costs — all the

35 JHANS, Report of the Humane Institution Committee, appendix 53, 1862, 2–3. According to the annual report, it appears the “the Commissioner of Public Works and Mines” replaced the Committee for Humane Institutions.

36 It should be noted that through private charity a home for the aged was established in Halifax in 1860. It appears that this home was intended for individuals of a higher social and economic standing than those housed in state-funded institutions. This latter group forms the focus of this paper. *The First Annual Report of the Home for the Aged, Established at Halifax, June 26, 1860* (Halifax: Printed by James Barnes, 1861), 1.

37 For the specific figures, see JHANS, appendix — Poor Asylum, 1860; *ibid.*, appendix 17, 1861; *ibid.*, appendix 36, 1863; *ibid.*, appendix 57, 1864; *ibid.*, appendix 28, 1865; *ibid.*, appendix 41, 1866; *ibid.*, appendix 24, 1867.

38 *Ibid.*, Poor Asylum, under the heading “Resolution of the Commissioners of the Poors’ [sic] Asylum Relative to Grant to Transient Paupers,” appendix 28, 1865, 4.

39 In his letter, Charles Tupper recommended that the joint board of commissioners would be appointed by the provincial government and the other half by the city council. JHANS, Poor's Asylum, appendix 40 and 41, 1866, 4. See also *ibid.*, Poor Asylum, under “A Meeting of the Medical Society held on the 24th January, 1863,” appendix 41, 1866, 5; *ibid.*, Poor Asylum, under the heading “Report of City Medical Officer,” appendix 41, 1866, 4. Further, Charles Tupper M.D. signed his name as the city medical officer and chairman of board of health, and office of Commissioners of the Poor, and provincial secretary, JHANS, appendix 4, 1866. An official history of poverty and poor houses in Nova Scotia suggests that “such terms as almshouse, county home, county asylum, poor asylum, county farm, poor farm and poor house, were all used interchangeably.” Senior Scribes, 25.

while circumventing the issue of transient poor.⁴⁰ As Judith Fingard argues, “despite, or perhaps because of, the amazing array of enterprises partially subsidized by government, the provincial legislatures refused to risk their revenues.”⁴¹

Irrespective of the objections of the commissioners of the Poor Asylum, the following year the mayor announced that construction on the New Poor Asylum had begun and when completed that the asylum and city hospital would be placed under a single management.⁴² The removal of the sick and the insane to properly built establishments left few inmates beyond the aged in the Halifax Poor’s Asylum, which hindered practical schemes to utilize able bodied inmates to off-set costs of non-able-bodied inmates. Within the overall discussion surrounding institutional care for the needy, there was no formal mention of the needs of old poor folks. This despite numerous reports that the population was aging and making increasing demands on various colonial institutions.⁴³

Confederation provided little for Nova Scotia in terms of any comprehensive plan for dealing with need in that province. The new provincial government of Nova Scotia grappled with a social welfare system that was piecemeal, the result of temporary measures applied over the years to address a changing social and economic climate and reflected the colony’s continuing reliance on poor laws. While Nova Scotia’s provincial government assumed responsibility for hospitals, asylums, and prisons, townships continued to be responsible for their own indigent residents. Moreover, the province’s resistance to long term responsibility for the needy continued to frustrate the townships.

As the growing numbers of poor tested the resource limits of the new Halifax Poor Asylum, government reports for 1869 suggest the province focused its efforts on making the institution more self-sufficient in spite of the

40 For their part representatives for the Halifax Poor Asylum and Commissioners of the Poor made every effort to distance themselves from any greater responsibility for the transient poor. In their report for 1866, the commissioners reiterated their willingness to care for their sick, but stressed that the “care of transient paupers” was a provincial obligation and they strongly recommended that the province assume responsibility for those indigent chargeable to them. JHANS, Poor Asylum, appendix 41, 1866, 2, taken from a letter dated 24 March 1866.

41 Fingard, “Urban Poverty in Colonial,” 437. Fingard makes this statement in reference to long-term employment schemes; nevertheless it seems appropriate here within a discussion of workhouses. The compartmentalization of social welfare initiatives resulted in neither levels of government being willing to assume financial responsibility for the transient poor.

42 JHANS, Poor Asylum, appendix 41, 1866, 7, taken from a letter dated 24 March 1866. See also JHANS, Poor Asylum, appendix 25, 1870.

43 JHANS, Provincial Hospital for the Insane, Report of the Medical Superintendent, appendix 10, 1863, 2. See also, *ibid.*, “Marriages, Births and Deaths,” appendix 16, 1866, 6–7.

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high proportion of older inmates.⁴⁴ In their report for 1873, the commissioners suggested, “either to exclude from its portals those who can easily earn their own subsistence, or to introduce such industrial pursuits as will tend to lessen the charges upon the city and province.” Reports submitted the following year echoed similar sentiments.⁴⁵ In spite of authorities’ efforts, old inmates continued to pose a challenge to the economy of an institution that more and more depended on inmate labour. For the first time, in 1875, the commissioners provided a breakdown by age and gender of the inmate populations in the Halifax Poor Asylum. The average male was 63 years of age and the average female 57 years of age.⁴⁶ In 1876, the commissioners of the Hospital and Poor Asylum revealed their frustration. “With a population such as we have to deal with, composed largely of the aged; of those whose constitutions are broken down by dissipation and disease; and of children, it is not to be expected that any large amount of revenues could be derived from our labour list.” They complained that there were “but very few tradesmen or mechanics, physically able to work, are received into the Asylum,”⁴⁷ and intimated that self-sufficiency was a lofty ideal.

The commissioners bemoaned the fact that able-bodied inmates frequently left in search of work shortly after they arrived and it often proved difficult to contend with the “large number of persons within the walls.” The 1876 report brings to light the irony of their situation. Institutions such as the Poor Asylum, if full, were supposed to be cost effective by using able bodied inmates to perform much of the services and labour required. However, in this case it appears that although the institution was almost constantly full, the majority of inmates were too old to work.⁴⁸

44 Provincial Hospital for the Insane, Report of the Medical Superintendent, *JHANS*, appendix no. 10, (1863) : 2. See also, “Marriages, Births and Deaths,” *JHANS*, appendix no. 16 (1866) : 6-7, National Library and Archives of Canada, Early Canadiana Online.

45 Poor’s Asylum, *JHANS*, appendix no. 25 (Halifax: Charles Annand, Printer to the House of Assembly, 1870). The following year the Commissioners remarked that the majority of inmates were aged or infirm. Humane Institutions, *JHANS*, appendix no. 27 (Halifax: Charles Annand, Printer to the House of Assembly, 1871), Nova Scotia Archives & Records Management.

46 In 1874, motivated by a large influx of women and children into the Halifax Poor’s Asylum, the province attempted to initiate a number of industrial pursuits into the asylum. Under the heading “Immigration,” *JHANS*, appendix no. 2 (1875), Nova Scotia Archives & Records Management.

47 Hospital and Poor’s Asylum, *JHANS*, appendix no. 26 (1875) : 3, Nova Scotia Archives & Records Management.

48 According to the report in 1876, the ages of inmates had increased — the average males were now 64 years of age and females were 63 years. *JHANS*, Hospital and Poor Asylum, appendix 17, 1876.

As the number of older inmates continued to thwart all efforts to make the Poor Asylum cost effective, the province sought new solutions to reduce overall costs. In an ongoing effort to get a better grasp of its finances in connection with the various institutions under its jurisdiction, in 1878 the province established the Board of Public Charities with a mandate to investigate all institutions within its jurisdiction.⁴⁹ The newly created board identified what appeared to have been two different strategies utilized by the townships as a means of coping with the rising costs associated with care for their needy. Over a significant number of years, the townships had falsely entered indigents, who fell under their jurisdiction according to the settlement laws, as transients and had sent them to the Halifax Poor Asylum to be a charge on the province and the townships had also persistently failed to reimburse the province for their expenses in support of the needy.⁵¹

In an effort to remedy this situation, the 1879 County Incorporation Act “empowered municipal councils to make assessments in support of various local services.” It was reasoned that this would “relieve the pressure on the provincial treasury”⁵² and “compel the counties” to deal with county poor houses.⁵³ The act also changed who was eligible for municipal assistance,

49 Ibid., Public Charities, appendix 3A, 1879; *ibid.*, appendix 3B, 1886, 4. The new board was again more specialized than the one it replaced, and it was only concerned with the assets and liabilities of the charitable “institutions receiving Provincial aid.” The duties in connection with the Board of Charity would again return to the Board of Public Works and Mines in 1882. See J.A. Gemmill, ed., *The Canadian Parliamentary Companion 1887* (Ottawa: J. Durie and Son, 1887), 283, in connection with biographical information for Albert Gayton of Yarmouth.

50 JHANS, Public Charities, Poor Asylum, appendix 3A, 1879, 13. The Committee of Humane Institutions made similar recommendations in their report for the same year. JHANS, Humane Institutions, appendix 25, 1879, 2.

51 While this problem had been identified in an earlier report in connection with the hospital for the insane, the Board of Public Charities’ investigation suggested that the practice had become commonplace in connection with other charitable institutions under its jurisdiction. JHANS, Report of the Board of Commissioners of Public Charities, Office of Commissioner of Public Works and Mines, appendix 3B, 1885, 5. See also *ibid.*, “The Hospital,” appendix 17, 1876, 5. In this document, it indicates that the agreement had been arranged in 1866 wherein, “charges for hospital maintenance are borne in the proportion of two-thirds by the province and one-third by the city.” For details of this on-going problem, see, JHANS, Public Charities, Hospital and Poor Asylum, appendix 3B, 1878, 2; *ibid.*, appendix 26, 1875), 4; *ibid.*, under the heading “The Hospital,” appendix 17, 1876; *ibid.*, Public Charities, under the heading “Provincial and City Hospital,” appendix 3A, 1879. For the reference to accounts not paid between 1878 and 1886, see *ibid.*, Board of Public Charities, appendix 3B, 1886, 133–5.

52 Colin D. Howell, “W.S. Fielding and the Repeal Elections of 1886 and 1887 in Nova Scotia,” *Acadiensis Reader* 8 (1978): 98–9.

53 *The County Incorporation Act and the Establishment of Municipal Government in Nova Scotia*, <http://www.gov.ns.ca/snsmr/muns/info/pdf/CountyIncorporationAct> (viewed August 2009). According to this document this Act was the “first general act authorizing elected municipal governments in Nova Scotia.” For more on this refer to Guildford, “The End of the Poor Law,” 52–3.

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extending the residency requirement from one year to five.⁵⁴ Although this reduced the number of potential dependents, most townships “were [still] too small and too poor to support the needy living within their boundaries, especially in hard times.”⁵⁵ Local governments continued to designate their needy as transients, sent them to Halifax, and neglected to reimburse the province for outstanding debts.⁵⁶

Out of frustration, in 1881, the province began to expel young and old inmates of the Poor Asylum who were chargeable to municipalities. According to the lists provided to the lieutenant-governor, 90 men and 96 women were unceremoniously cast out, and 28 of them were old men and 12 were old women.⁵⁷ Equally important, among those who remained behind, out of a total of 483 inmates nearly half, 227, were over 55 years of age.⁵⁸ Although many aged inmates faced uncertainty outside the safety and protection of the Poor Asylum, significantly more stayed behind. In an effort to encourage townships to build their own institutions for support of their needy, provincial representatives ironically expelled the very able-bodied inmates they needed to make the Poor Asylum self-sufficient.

Over the next few years, government boards increasingly identified aging inmates as a problem at a time when care for the needy, including the aged, garnered more attention among the public. A high profile scandal about the poor of Digby, many of whom were aged, gave the matter further urgency. An 1886 provincial report entitled “The Poor of Digby” indicated that the civil authorities of Digby faced a public scandal and that local papers had first exposed “several charges of mal-administration of the poor laws, and of certain horrible barbarities, said to have been perpetrated on the poor” of that county. The provincial government appointed barrister Francis H. Bell, Esq., to investigate the charges.⁵⁹ During the course of his investigation, Bell uncovered alleged

54 Ibid.

55 Ibid.

56 JHANS, Public Charities, appendix 3A, 1879; *ibid.*, appendix 3B, 1880; *ibid.*, Poor Asylum, appendix 3B, 1881, 1–39.

57 These figures do not include children. Adult males and females were listed separately. JHANS, Public Charities, Poor Asylum, appendix 3B, 1881, 1–39.

58 JHANS, Public Charities, Poor Asylum, appendix 3B, 1881, 1–43. Out of a total of 150 adult inmates who remained — chargeable to the province — 49 males and 23 females were 55 years of age or older. Out of a total of 333 adult inmates who remained — chargeable to the city — 96 males and 59 females were 55 years of age or older. The policy continued into 1882. JHANS, Public Charities, appendix 3B, 1882, 2. In Novak and Campbell’s chapter on the historical perspective of aging in Canada, they consider studies that focus on old age within a range of societies. Borrowing from Novak and Campbell, this paper uses the age of 55 years of age to define “old,” “aged,” or “infirm.” Novak and Campbell, 34–7.

59 The investigation began 9 September and ended 15 September. For more on this, see JHANS, “The Poor of Digby,” Commissioner’s Report, In the Matter of Certain Charges Affecting the Treatment of the Poor in the County of Digby, appendix 10, 1886, 19.

abuse against all ages, but in particular he uncovered significant evidence of the deplorable state of old paupers. Bell recommended regular inspection of all provincially subsidized institutions; he also argued in favor of county institutions.⁶⁰

The scandal of 1886 brought about significant changes in government surveillance of its institutions and reflected the need to bring order to a plethora of committees and some unity and consistency to the implementation of policy.⁶¹ In addition to replacing the Board of Public Charities with a new Board of Works and Mines,⁶² the government appointed a provincial inspector, A.C. Page, to inspect and make recommendations upon all government-funded institutions under its jurisdiction.⁶³ Inspector Page was determined to bring order to a system that was often dysfunctional and expensive. Among other things, he encouraged earlier recommendations in support of county asylums and poor farms for the needy as a viable solution to address the issue of the less fortunate in Nova Scotia.⁶⁴ Further, within the year, the inspector accused municipalities of fraudulently submitting claims for indigents with settlement ties under the heading “transients,” and Page quickly identified the aged within government subsidized institutions as problematic. “Time after time,” he wrote, “overseers have put in claims for the maintenance of persons who, having been

60 Ibid., 13–16. Overall, Bell’s report served to reiterate suggestions made by the Board of Public Charities — that municipalities assume greater responsibility for the needy chargeable to them — preferably in the form of county institutions.

61 According to the Annual Report for 1886, a new Poor Asylum in Halifax neared completion. As befitted the government’s determination to maintain cost efficiency, authorities had made every effort to utilize inmate labour whenever possible. Buried in the report was evidence that a significant portion of residents would still not be able to work. Out of 456 adult inmates chargeable to the province and city combined, 208 were listed as old. JHANS, Report on the Provincial and City Hospital and Poor Asylum, appendix 3B, 1886, 59–80.

62 Ibid., 1887.

63 Alexander Crawford Page was born on 11 December 1829, in Truro, N.S. Graduating from Harvard University, he went on to hold a number of positions, such as an examiner at Dalhousie College, president of the Colchester Medical Association and the Nova Scotia Medical Society. Like many distinguished men of his time, Page entertained political ambitions. His interest as “both a Free Trader and a repealer” reflected a strong business practicality. Henry James Morgan, *The Canadian Men and Women of the Times: A Hand-book of Canadian Biography*, 1st ed. (Toronto: W. Briggs, 1898), 793–4.

64 JHANS, Public Charities, Hospital for the Insane, appendix 3B, 1887, 3. Note this year’s report is still listed under the heading “Report of Public Charities” because this is the same year the Board of Public Charities handed over authority for state institutions to the Board of Public Works. It should be noted that a “County Cottage System” or county institutions for the insane and the poor was proposed by Medical Superintendent James R. DeWolf, of the hospital for the insane, initially in 1863, who, according to his report got the idea from the *Asylum Journal of Mental Science* for May, 1855. The plan for a County Cottage System was again proposed in 1883 by the Medical Superintendent Reid. JHANS, Hospital for the Insane, Medical Superintendent, appendix 10, 1863, 2; *ibid.*, appendix 3A, 1883, 14.

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born in Nova Scotia, spent their best years in the United States or elsewhere, and come back to be a charge on the public.”⁶⁵ He maintained that, “such persons are clearly chargeable to the place of their birth” and the responsibility of the townships. “Instead,” Page asserted, townships shoved “them on the Province.”⁶⁶ By making older poor Nova Scotians the responsibility of the townships, Page was setting in motion a policy that would lead to their removal from provincial institutions. This would make room for able-bodied transients in the Poor Asylum and the hospital for the insane and encourage townships to build their own facilities.

To further his plan to put provincial institutions on a more businesslike footing, provincial agents were instructed to introduce a better way to classify inmates.⁶⁷ In 1888, Commissioner of Public Works and Mines Charles E. Church sent around blank forms to “the Municipal Clerks for distribution among Overseers of the Poor.” Along with basic information on inmates, such as name and age, the questionnaire also asked, “Is transient able to work?” The commissioner included a second set of questions that determined the location of “the nearest Poor Farm or Poor House” and asked “What are your present arrangements for the support of transient?”⁶⁸ The questionnaires reflected a continuation of earlier provincial initiatives — the identification of dependents who were capable of working and the construction of local institutions for those needy who could potentially become long-term liabilities, the non-workers. The provincial government also passed new legislation that effectively allowed provincial representatives to collect outstanding debts of the municipalities owed for care of the needy from provincial subsidies earmarked for road maintenance and similar projects.⁶⁹ One year later, a new Towns Incorporation Act extended the authority of the municipalities to raise funds in support of their poor.⁷⁰

65 Ibid., Inspector’s Report, Public Charities, appendix 3B, 1888, 5–6.

66 Ibid.

67 The province’s initiatives reflected what historian Carmen Nielsen Vary refers to as a more “scientific” approach to charity that emerged mid-century. She argues that utilizing a rational scientific approach to poverty, political economists called for a more calculated approach to institutional care for dependents. Carmen Nielson Varty, “A ‘Laudable Undertaking’: Women, Charity, and the Public Sphere in Mid-Nineteenth-Century Hamilton, Canada West” (Ph.D. diss., Queen’s University, 2004), 82 and 94.

68 JHANS, Public Charities, appendix 3B, 1888, 5–6.

69 JHANS, Inspector’s Report, Public Charities, the Hospital for the Insane, appendix 3B, 1888, 2. See chap. 5, Acts of 1887. Although the terms of the new legislation are provided within the Inspector’s Report pertaining to the hospital for the insane, the commissioner discusses outstanding debts to the Poor Asylum and implies the new legislation may also be used to settle outstanding accounts for the maintenance of the poor.

70 JHANS (1890): 3, under the date Thursday 20 February, 1890, point number 8.

As a direct result of relentless provincial pressure, townships began to open their own county asylums.⁷¹ In his annual reports for each county institution, the provincial inspector frequently remarked on the poor living conditions, and he noted that in many of them the poor, sick, old, and insane were indiscriminately maintained.⁷² Page nonetheless encouraged more local governments to build their own institutions,⁷³ and in the end many local authorities finally acquiesced. Following a conference of wardens and representatives of the councils in 1892, local representatives agreed to support county institutions for the needy and the harmless insane.⁷⁴ And thus a two-tiered system was born — fully supported by both municipal and provincial governments.

While the province and townships were working out new arrangements to reform how they provided for the indigent poor, authorities were also trying to rationalize care of the insane and others who needed specialized services. All state institutions relied on the work of inmates to be financially viable, however, and once again, those who were old and unable to work were increasingly marginalized and many were transferred to the cheapest form of institutional care — county poor farms.

Specialization of provincial services had begun even before confederation, but it was only in the later part of the nineteenth century that it really affected the aged within state funded institutions.⁷⁵ As already noted, a good deal of attention had been directed to meeting the needs of the harmless insane and had resulted in the building of Mount Hope. In the early 1860s, patients at Mount Hope included, “the extremes of childhood and old age,” according to the reports of Medical Superintendent James DeWolf. The medical superintendent went on to report that in 1861 eight inmates had been transferred to Mount Hope from the Poor Asylum and he remarked that none of them were considered recent cases.⁷⁶

71 For the complete list of county institutions, see JHANS, Reports of Dr. A.C. Page, appendix 3B, for each year beginning 1890.

72 Ibid., Public Charities, appendix 3B, 1891, 4–9.

73 Ibid., Hospital for the Insane, appendix 3A, 1891, 5.

74 Ibid., Municipal Matters, appendix 17, 1892, 32–4. One or two municipal representatives noted that there was a good potential for county institutions not only to be self-sufficient, but also to earn a profit.

75 Susan E. Houston, “Politics, Schools, and Social Change in Upper Canada,” in *Readings in Canadian Social History, Pre-Industrial Canada, 1760–1849*, eds. Michael S. Cross and Gregory S. Kealey (Toronto: McClelland and Stewart Limited, 1982), 166; Peter Baskerville and Eric W. Sager, *Unwilling Idlers: The Urban Unemployed and Their Families in Later Victorian Canada* (Toronto: University of Toronto Press, 1998), 28. For more on the middle class in Ontario, see Andrew C. Holman, *A Sense of Their Duty: Middle Class Formation in Victorian Ontario Towns* (Montréal and Kingston: McGill-Queen’s University Press, 2000), 17–20, 50; Axinn and Levin, 33; Conrad and Hiller, 151–2.

76 JHANS, Hospital for the Insane, Medical Superintendent, appendix 6, 1861, 17.

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Barely two years later, DeWolf had noted that the hospital was greatly overcrowded and he had recommended that chronic, long-term inmates (which included the aged) be removed from the main hospital and segregated from the rest of the inmate population. In 1863, DeWolf noted that “nearly ten per cent of all the admissions are upwards of sixty years of age, showing that the Hospital is made to serve as a resting place for those advanced in years, whose insanity was concealed at home until they became unmanageable.” He continued, “when no longer amenable to family control, they are sent here to be fed and nursed.”⁷⁷ The medical superintendent argued that the hospital served a better purpose when administering to more recent cases of mental illness.

The emphasis on “recent cases” reflected in part an approach to treatment called moral therapy. Moral therapy became popular in Europe and the United States during the 1850s and 1860s.⁷⁸ Following a thorough investigation of American style asylums in 1860, Nova Scotia’s medical superintendent had implemented the basic principles of moral therapy at Mount Hope. Individuals such as DeWolf and others who supported moral therapy believed that high success rates hinged on early treatment.⁷⁹ Throughout the rest of the century, treatment at Mount Hope became increasingly specialized with a view to returning individuals back to the working community. Mount Hope was always overcrowded, however, and this not only prevented effective treatment but had a financial consequence to the province. Work was an integral part of moral therapy and was believed to benefit patients; it also helped to defray “the expenses of maintaining the institutions.”⁸⁰

In 1866, the medical superintendent reported that “through the liberality of the Legislature, a grant was passed at its last session enabling the Government to add largely to the present building.” He remarked with pride that in addition to the numerous modern conveniences, workshops were also planned for the

77 Ibid., appendix 10, 1863, 2. See also Fingard and Rutherford, 24. In their evaluation of the Halifax County Hospital in the twentieth century, Fingard and Rutherford include a brief analysis of the nineteenth century, noting that “in Nova Scotia the public mental hospital system had a two-tiered structure that separated the care of the newly diagnosed sick from those assessed to be chronically ill by placing them ... in different hospitals.”

78 Francis, “The Development of the Lunatic,” 30. In his evaluation of asylums for the insane in Québec and Ontario, James Moran notes that work therapy became increasingly more central “to the success of moral treatment.” He adds, “in an era in which there was a close diagnostic relationship between a patient’s mental and physical condition, work therapy was seen to be of tremendous benefit. Another rationale for work therapy was that by engaging in work government patients would in varying degrees be earning their keep as privileged inmates of one of society’s most benevolent institutions.” James E. Moran, *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario* (Montréal and Kingston: McGill-Queen’s University Press, 2000), 92–3.

79 Francis “The Development of the Lunatic,” 30.

80 Ibid., 28.

extension.⁸¹ Yet, according to his report, between 1859 and 1869 “many cases entirely unsuited to a hospital devoted to the cure of insanity, [had] succeeded in securing a residence here” and many of them were “patients labouring under the dementia of old age, or paralyzed” and had “but a doubtful claim to admission.” The medical superintendent emphasized the curative purpose of the hospital and argued that if unchecked, the growing number of useless classes such as the aged, would reduce the hospital “to the lowest degree.”⁸² The following year, frustrated by the overcrowded condition of the hospital and mounting costs, the medical superintendent noted that beginning in 1870, each day “every patient in the house is reported upon, whether industrious, and how employed.” He recommended that those who worked or were “industrious” be given additional food such as butter, porridge and milk.⁸³ In the years that followed, administrators for the hospital also began to transfer chronic patients to the Halifax Poor Asylum.

By the 1880s, as the province was becoming increasingly determined to rationalize services, the process of providing specialized care at Mount Hope became more pronounced. In 1881, to relieve overcrowding, the administrators for the hospital transferred out “a number of patients to the Poor Asylum because they were not considered curable.”⁸⁴ Two years later, Medical Superintendent A.P. Reid noted that chronic cases took up valuable space needed for more recent cases of insanity. He stressed that, “some twenty percent of admissions” consisted of those who would never return to the working community. Within the context of his report for 1883, he identified “the harmless insane” patients who were only out of the working community as the most appropriate inmates for Mount Hope Hospital for the Insane and the most worthy of provincial support. The medical superintendent had investigated the practices of hospitals for the insane in Ontario and United States and learned of new possibilities for inmates within Mount Hope.⁸⁵ The aged were singled out as non-workers or those without any prospect of leaving the institution. It was this class of inmates that were identified as the least appropriate for a specialized institution such as

81 JHANS, Hospital for the Insane, Medical Superintendent, appendix 14, 1866, 8.

82 The Medical Superintendent provided a breakdown of the inmate population. Out of a total of 417 inmates admitted between 1859 and 1866, 86 of them were between 50 and 82 years of age. The categories were arranged, “from 40 to 50 Years,” and “from 50 to 60 years,” etc. For the purposes of this paper the aged are identified as inmates 55+; however, it is impossible to identify those residents within the 50 to 60 age category. Of the total listed between 50 and 82 years of age, 38 were 60+. JHANS, Hospital for the Insane, Medical Superintendent, appendix 14, 1866, 2. For the statistics for 1866 to 1867, see *Ibid.*, appendix 5, 1868; 17; *ibid.*, appendix 2, 1869, 2.

83 *Ibid.*, appendix 16, 1870, 2–4.

84 *Ibid.*, Public Charities, Poor Asylum, appendix 3B, 1881.

85 *Ibid.*, Hospital for the Insane, under the heading “How Are They at Present Situated,” appendix 3A, 1883, 9–14.

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Mount Hope. As a result, throughout the 1880s, several reports noted the transfer of chronic patients to the Halifax Poor Asylum or the few county asylums that had been established.⁸⁶ Throughout the early 1890s, more and more chronic inmates from Mount Hope were transferred to county institutions.⁸⁷ At the same time the provincial inspector encouraged more counties to build asylums for their chronic harmless insane.

Throughout the latter part of the nineteenth century an increasing number of counties built modern poor asylums for their harmless insane, and the inspector found that within such county facilities in-door work proved as profitable as out-door work. Ironically, under the new two-tier system, the very county institutions provincial representatives championed eventually came to threaten the financial viability of provincially subsidized institutions. During a second visit in 1894 to the various institutions for the insane in Ontario, the medical superintendent learned how factory style work could be implemented within Nova Scotia's hospital for the insane. Medical Superintendent Reid recommended that administrators for the hospital in Nova Scotia take the Ontario facilities as their guide for improvement in the future.⁸⁸ Further, in his 1894 report, Reid carried on at great length against the practice of maintaining the harmless insane within county institutions on a permanent basis. He recommended that once a new and larger hospital for the insane was built that county asylums should "be used for poor houses" and he suggested that their insane inmates should be transferred back to a provincial hospital for the insane where they could serve as workers.⁸⁹ Similarly, in their report for the same year, the commissioners for humane institutions pointed out that by sending the harmless insane to county facilities, they "lessen the supply of labour heretofore available for the purpose" of work at the provincial institution. Each subsequent report encouraged the transfer of able-bodied harmless insane to provincial institutions and leaving only the chronically ill in country facilities.⁹⁰

86 For example, in 1888 42 patients were transferred to the newly completed Halifax Poor Asylum and five inmates had been sent to a county facility in Antigonish. JHANS, Public Charities, Inspector's Report, Halifax Poor Asylum, and the Antigonish County Asylum, appendix 3B, 1888, 8-9; *ibid.*, Hospital for the Insane, Medical Superintendent, appendix 3A, 1891, 3; *ibid.*, Hospital for the Insane, Report of the Medical Superintendent, appendix 3A, 1893, 5.

87 Describing the therapeutic benefits of work done at Mount Hope, the provincial inspector recommended that officials build a separate cottage for male patients able, "to assist about the farm, garden or stables." He added, "if the experiment proved successful a similar cottage could be build for females of the same class, and thus gradually a classification introduced that would be of value to curable cases." Under such a system, workers would be segregated from non-workers. JHANS, Public Charities, Inspector's Report, Hospital for the Insane, appendix 3B, 1893, 14.

88 *Ibid.*, Hospital for the Insane, Medical Superintendent, appendix 3A, 1894, 3.

89 *Ibid.*

90 JHANS, Humane Institutions, appendix 18, 1894, 2.

By the 1890s, specialized institutions such as Mount Hope assumed all the trappings of a medical facility for learned professionals wherein expertise provided credibility to those who spoke on behalf of the hospital and by extension the province.⁹¹ In 1895, the medical superintendent again recommended that the province build a new modern institution for acute curable patients. He argued that “the element of expense should be subordinate to the good to be accomplished” for the patients. Yet, in the same report he noted that, “patients suffering from intercurrent [*sic*] bodily disease, or who are old and feeble, and bed cases,” had already been moved to infirmary wards, segregating them from the general inmate population.⁹²

At the turn of the century, as the province came to see the potential of inmate labour within the hospital for the insane, the category of worker became synonymous with those who were the harmless insane and non-worker with the indigent aged. Not only were older patients seen as a long-term liability, they had become identified as one of the very few groups who were unable to contribute towards the cost of their care and would likely never return to the working community.⁹³ Within this specialized institution, as workers were moved into newer facilities or additions, some non-workers, including the aged, were left behind in the older sections of the hospital awaiting transfer to one of the various county poor farms.

The aged also came to be recognized as a distinct group within the Provincial and City Hospital and, along with other incurable patients, were segregated from those who were out of the working community only temporarily. In their report for 1887, the medical board recommended, “that a couple of Wards in the Poor House be set apart for the ‘reception and maintenance of convalescent,’ and incurable cases from the [Provincial and City] Hospital.” This was the first time that the hospital formally requested that space be set aside for inmates who most likely suffered from ailments commonly associated with old age.⁹⁴ Over the next few years, provincial representatives transferred convalescents (which included the aged) from the Provincial and City Hospital to the

91 For more on professionalization as part of specialization, see Cecilia Morgan, Mariana Valverde, and Lykke de la Cour, “Gender Regulation and State Formation” in *Colonial Leviathan*, eds. Greer and Radforth, 175.

92 JHANS, Hospital for the Insane, Medical Superintendent, appendix 3A, 1895, 12.

93 In his Report for 1899, the medical superintendent stated in a cautious tone, “I regret also to have to say that I think some sufferers from insanity who could be retained at their homes are now sent to asylums because they are no longer self supporting and have become a burden upon those who should provide for them in their ill health and old age.” He lamented that once admitted, the good care these individuals received prolonged their lives and “leads to an accumulation in the hospitals.” JHANS, Hospital for the Insane, Medical Superintendent, appendix 3A, 1899, 3.

94 They argued that such cases took-up 20 percent of the hospital’s beds. JHANS, Public Charities, Medical Board, appendix 3B, 1887, 4–5.

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Halifax Poor Asylum and increasingly coveted space in the hospital for those individuals who could be cured and would return home.⁹⁵

In her assessment of specialized institutions in England, M.A. Crowther asserts that improvements and changes to institutions for the needy in England reflected a new understanding of the purpose of institutions. She notes that while “formerly, institutions had the rather negative function of deterrence,” by the 1890s, “social reformers were investing them with a more positive purpose.”⁹⁶ Similarly, in Nova Scotia, administrators worked to improve the Provincial and City hospital’s function. In an effort to assume a more professional look for the Provincial and City Hospital, the province instituted a number of changes beginning in 1887.⁹⁷ In 1888, numerous physical changes were accompanied by a new name — the Victoria General — and the province awarded the hospital a large government grant for an extension.⁹⁸

Though initially the changes benefitted all the patients, by the 1890s tighter guidelines at the Victoria General prohibited future admissions of those individuals, such as the aged, who could not be cured. In 1893, the medical board reported that eight percent of their patient population “remained almost stationary, being chronic cases.”⁹⁹ Voicing the same grievance in 1898, the provincial inspector noted that “the Victoria General Hospital is a very costly institution,” and in an effort to cut costs he recommended releasing patients promptly following treatment allowing them to heal at home.¹⁰⁰ In 1898, the medical board mirrored the inspector’s sentiments in its annual report and it, like the provincial inspector, recommended time restrictions on length of stay to alleviate costs.¹⁰¹ The Committee on Humane Institutions took these suggestions a step further, recommending that “patients who have been inmates be discharged at the end of two months, when, in cases of necessity, they may be re-admitted.”¹⁰² While not identifying the aged specifically, such measures ultimately precluded old and destitute Nova Scotians from becoming long-term patients of the Victoria General Hospital. In addition, the measures prevented older individuals in need from gain-

95 Ibid., Public Charities, Victoria General Hospital, Inspector’s Report, appendix 3B, 1888, 3. In 1891, in an attempt to distance themselves from the Poor Asylum, the medical board requested their own separate set of by-laws. Ibid., Medical Board, appendix 3B, 1891, 14–15.

96 Crowther, 56.

97 JHANS, Public Charities, Hospital Steward’s Report, Provincial and City Hospital, appendix 3B, 1887, 21; *ibid.*, Report on Public Charities, Victoria General Hospital, appendix 3B, 1888, 3–8. See also Crowther, 56.

98 Crowther, 11–12.

99 JHANS, Medical Board, appendix 3B, 1893, 20.

100 Ibid., Public Charities, Inspector’s Report, appendix 3B, 1898, 17.

101 Ibid., Medical Board, appendix 3B, 1898, 26.

102 The Commissioners rationalized that this would save the province money. JHANS, Humane Institutions, appendix 20, 1898.

ing admission to the hospital in the future.¹⁰³ Those suffering from the infirmities of old age had little alternative but to seek help at the county poor farms.

Initially, the few county poor farms and asylums that had been established by the end of the 1880s had been where the poor, the sick, and the harmless insane were maintained at the cheapest cost. However, by the end of the 1890s, as municipalities tried to emulate provincial policy and offer more specialized services and make their institutions self-sufficient, they too identified the aged as a problem. According to the provincial inspector's report for 1888, Halifax, Pictou and Antigonish county asylums housed an indiscriminate mix of inmates.¹⁰⁴ According to the inspector's description, these county institutions were rudimentary at best and within these facilities, during the formative period of the county system, the fate of older inmates was intertwined with that of all other inmates. They fared no better or worse than the rest.¹⁰⁵

Much to the province's dismay, over the next few years, as some county institutions placed a premium on work, they increasingly siphoned off patients from the provincial hospital for the insane at Dartmouth. Traditionally, municipalities had sent their harmless insane to Mount Hope and paid a fee for services rendered rather than build their own facilities. Once they built their own asylum, they transferred their harmless insane back to their facilities. As well, as various counties built large relatively modern institutions, they took in inmates from other counties that would otherwise have been sent to Mount

103 By 1899, at the Victoria General, W. Wallace Kenney, a lay superintendent with a strong background in business, replaced the medical superintendent in overseeing the administration of the hospital. JHANS, Public Charities, appendix 3B, 1899, 28.

104 Note the Halifax County Asylum and Poor Farm was located in Cole Harbor. According to the provincial inspector's report, Pictou County Asylum housed 58 harmless insane. By 1890, it housed 65 harmless insane and approximately 24 others. Antigonish housed 16 inmates, nine of which were harmless insane. JHANS, Public Charities, Inspector's Report, appendix 3B, 1888. In 1890, the inspector added eight additional county institutions to be included to his list of inspections and 11 more before the end of the decade. In 1890, A. C. Page inspected institutions for the poor and harmless insane situated in Annapolis, Yarmouth, Lunenburg, Shelburne, Halifax County, West Hants, Sydney, Mabou (located in Inverness County). In 1891, Page added Barrington Asylum to his list of inspections; in 1892, he noted the addition of Horton, Cornwallis, and Aylesford (all three located in Kings County); in 1893, Digby County Poor Farm; 1895, Queen's County Asylum and Poor Farm; 1896, North Sydney Poor House, Sydney Mines, Pugwash, and East Hants Poor Asylum; and in 1899, Truro and Meteghan (located in the District of Clair, Digby County) opened a poor house. For individual reports on each of these institutions, see JHANS, Reports of the Provincial Inspector appendix 3B, 1890–1899.

105 Ibid., Public Charities, Inspector's Report, appendix 3B (1889). Specifically, for county institutions in Shelburne, Pictou, Antigonish, Annapolis, Yarmouth, Lunenburg, Halifax County, West Hants, and Mabou, see the individual reports for each institution located under *ibid.*, appendix 3B, 1890. Older inmates were noted in the reports for county institution in Halifax City, Pictou, Annapolis, and Shelburne. For reference to the old in Antigonish, see inspector's report for 1889 and for other counties, see separate heading noted above under *ibid.*, appendix 3B, 1889 and 1890.

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Hope.¹⁰⁶ Clearly, some counties became increasingly interested in housing the harmless insane who were able to work.

As county institutions came to depend on inmate labour to defray their costs, they became reticent to provide space to older inmates who were unable to work. According to Page’s reports, by the 1890s, county poor farms and asylums had begun to rely on inmate labour for the revenue they produced and the majority of these institutions had taken great pains to improve their farms.¹⁰⁷ As administrators of some of the various county institutions became more adept at utilizing the labour of the harmless insane to turn a profit, municipal governments often allocated funds for expansion or construction of bigger institutions. For example, in 1895, at the Annapolis County Asylum and Poor Farm in Bridgetown, officials built a new building to accommodate the growing number of insane. In his 1896, report for this institution, Dr. Page remarked that the new facilities were, “well built, with nearly all modern improvements”; he added that the new building was though, “unfortunately located, hidden behind the old poor house and altogether too near to it.” In the same report, the inspector noted that the poor, many of whom were old, remained behind in the old building. Inmates in the old building lacked adequate facilities for such basics as bathing.¹⁰⁸ Much like the process of specialization that occurred within provincial institutions, through the 1890s as different counties modernized their asylums for the harmless insane, the aged were left behind or transferred to rundown county poor farms.

In 1896, the inspector noted in his report for East Hants Poor Farm at South Maitland, “the inmates at the time of my visit were 5 old men, 1 old lady, and two young children.” He stated that “with one exception, the men are too old and feeble to help on the farm, and the old lady being 76, is no help in the house.”¹⁰⁹ That same year, officials for Pictou County Asylum transferred out all but the harmless insane from their modern facilities to the old Poor House

106 For example, in 1895, Antigonish, West Hants, and Halifax Counties all transferred their harmless insane from Dartmouth, where they had been maintained for a number of years. Between 1888 and 1901, Antigonish transferred 11 harmless insane and Halifax County 17 — both from Dartmouth; in 1895, West Hants transferred in several harmless insane from Mount Hope Hospital in Dartmouth. According to the Inspector’s Report for 1896, officials for Mabou arranged to take in the harmless insane from Richmond and Victoria Counties, Annapolis took in six insane patients from Digby, and the Inspector’s Report indicates they had been sent 13 previously from Digby. For more on these statistics, see corresponding inspector’s reports for each year, JHANS, appendix 3.

107 Improvements were reported for Pictou, Antigonish, Annapolis, Yarmouth, Shelburne, Halifax County, West Hants, Sydney, Mabou, Cornwallis, and Digby. For individual reports, see JHANS, appendix 3B, 1895 and 1896.

108 *Ibid.*, Annapolis County Asylum and Poor Farm at Bridgetown, appendix 3B, 1896, 8. An earlier reference for 1893 suggests that some of the poor housed in this institution were old.

109 *Ibid.*, East Hants Poor Farm at South Maitland, appendix 3B, 1896, 18.

in Pictou. The following year, the inspector noted in his inspection of the Pictou Poor House that “they have no bathrooms or regular bathing ... with the exception of the children and their mothers, the inmates are old and feeble.”¹¹⁰ That same year, officials for East Hants County planned an addition to their asylum to accommodate the transfer of their harmless insane from Mount Hope — the aged inmates would remain behind in the older section of the building.¹¹¹ Fitzner notes that municipal poor houses “in many cases were considered abhorrent places in which to house human beings.”¹¹²

By 1897, there was a marked difference between county institutions for the harmless insane and the able-bodied workers, and those for predominantly aged inmate populations, the non-able bodied workers. In a report for Sydney Mines Poor Farm, for example, the inspector listed all the inmates as old; he also found that there “the house is cold and leaks.” At Pictou Town Poor Farm, all inmates with the exception of two were old and feeble. In addition to these, the Inspector reported primarily old inmates maintained in poor living conditions at the majority of poor farms.¹¹³ In keeping with his comments relating to the Pictou Town Poor Farm, Page noted such deficiencies as no bathroom, and in most cases the houses were overall “poorly adapted to the service.”¹¹⁴ Of the institutions which Page reported had the least amount of improvements, the majority of residents were old.¹¹⁵ In marked contrast, in his report for the county asylums which maintained the harmless insane, Page noted, the institutions were either new or in very good condition. All reported excellent use of inmate labour and very productive farms. In the case of Inverness County Asylum, the inspector remarked that they had so many buildings they, “are now becoming quite a village.”¹¹⁶ Overall, inspectors’ reports for the later part of the nineteenth century reflect a trend in institutional care. As provincial initiatives channelled the old and the harmless insane out of the Victoria General and

110 Ibid., Pictou County Asylum, Pictou Poor House, appendix 3B, 1896 and 1897.

111 Ibid., East Hants County Asylum and Poor Farm at South Maitland, appendix 3B, 1897,) 13.

112 Fitzner, 54. Reporting similar conditions in Minnesota, see McClure.

113 Each of these institutions are listed under JHANS, Inspector’s Report, appendix 3B, 1897.

114 Cornwallis Township Poor Farm at Billtown and Aylesford Township Poor Farm at Aylesford, both in JHANS, Public Charities, Inspector’s Report, appendix 3B, 1897,8–9.

115 In his report for Shelburne, the inspector indicated that out of 16 inmates, “all except the infant, [are] old and feeble.” In regards to Barrington and Digby Poor Farms, the inspector noted most of the inmates were old and unable to work. JHANS, Public Charities, Inspector’s Report, appendix 3B, 1897, 8–9. For the reference to the old in Shelburne, see *ibid.*, 1895. However, for the reference to the old in Barrington, the inspector mentions one old lady in his report for 1895, but in his report for 1896 he indicates that they were in fact all old. Similarly, the inspector’s reports for Digby County Poor Farm for 1893 and 1896 indicates that many of the inmates were old and unable to work.

116 The inspector mentioned that Inverness County officials planned yet another addition and that farming production was already “pretty extensive.” For individual reports, see *ibid.*, appendix 3B, 1897.

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Mount Hope, they made their way into the county institutions. County poor houses, broken down and replete with all their flaws represent Nova Scotia's earliest nursing homes.

From start to finish, the transition from poor asylum to county poor farms and finally to nursing homes for the aged in Nova Scotia was the result of a host of inadequate provincial initiatives that ultimately proved detrimental to the aged. As the twentieth century began, new county asylums for the sick stood as symbolic representations of progress and somewhere nearby county institutions for the aged persisted as tangible renderings of the group left behind. Older Nova Scotians within state-funded institutions, who were unable to work, had finally been recognized as a distinct category. While LaHave Manor and other nursing homes by the twentieth century eventually stood as modern facilities for the aged — the path to recognition of the aged within state-funded institutions was long and difficult one. As the Senior Scribes note, although government records indicate that provincial agents were well aware that county poor farms were in reality places for the aged, they did not award official recognition to the category of aged until the 1930s and 1940s.¹¹⁷ Indeed, it appears that for much of the nineteenth century care for the aged within state-funded institutions deteriorated. At a time when institutions for other groups, such as the harmless insane and sick, were greatly improved, institutions for the indigent aged were ramshackle barns at best and for many they were their final homes.

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117 The poor house in Antigonish County burnt to the ground in 1947 and was replaced in 1957 with the R.K. MacDonald Nursing Home. In 1966, Annapolis County Home and Asylum at Bridgetown was demolished and replaced by Mountain Lea Lodge Nursing Home. It was not until after World War II that the Halifax City Home became a nursing home for the aged. According to the Senior Scribes, "in the period 1940 to 1970," many "poor farms gradually gave way to modern nursing home care of the elderly." Senior Scribes, 69–159. The homes are listed alphabetically.